## Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

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ddress:		
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## FLORIDA PROFIT/NON PROFIT CORPORATION TRANSCARIBBEAN CHARTERS, INC.

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Estimated Charge	\$78.75

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:
TRANSCARIBBEAN CHARTERS INC.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
13117 NW 107 AVE SUITE #8
HIALEAN GARDENS FL 33018.
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
IVAN PORTES P.
INTI TERNANDEZ UP.
DAVIELA DALAGA T
DANIELA NASAGO
ARTICLE V INITIAL REGISTERED AGENT AND STREET A DDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
INTI FERNANDEZ
13117 NW 107 AVE SUITE #8
Hialfah GARDENS FL 33018
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
INTI FERNANDEZ
13117 NW 107 AVE SVITE #8
15-15-1 PARTEUR FR 33018

3052281440

## Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Incorporator Date